

Publicly Funded Long-Term Care in Wisconsin

An Introduction for staff at **Aging and Disability
Resource Centers** who provide information and
assistance and options counseling
June 15, 2006
DHFS – Division of Disability and Elder Services

Introduction

Overview of roles and responsibilities of ADRC staff who perform the functions of information & assistance and options counseling.

Overview of Part II choices for this webcast.

- ❑ Community Waivers programs
- ❑ Managed Long-Term Care Waivers programs – Family Care, PACE and Partnership

Consumer focused counseling

- Clues in the conversation
- Collecting information
- Clarifying details
- Comparing information to requirements
- Coordinating with other professionals
- Counseling about options
- Supporting consumers through the process

Overview

- Medicaid Benefits
 - ❑ Institutions and Community settings
- Non-financial requirements for publicly funded long-term care
- Financial requirements for publicly funded long-term care
- Consumer contributions necessary to receive benefits
- ADRC Role in development of an Access Plan

What is Medicaid?

- Medicaid is a federal/state program that pays health care providers to deliver essential health care and long-term care services to frail elderly, people with disabilities and low-income families with dependent children, and certain other children and pregnant women.

Also known as Title XIX, T-19, MA, Medical Assistance

Who's eligible?

Medicaid programs serve three distinct populations:

- ❑ • Seniors with low-income and limited assets
- ❑ • People with disabilities
Also known as Elderly, Blind, Disabled (EBD) Medicaid
- ❑ • Low-income families
Also known as "Family" Medicaid, BadgerCare

Identification of Medicaid Recipients

■ Forward Card



What do Medicaid recipients receive?

- Health care coverage for acute care
Also known as Medicaid card services
- Long term Care coverage
 - Institutional Care -
 - Home and Community Based Care or Non-institutional care

Medicaid coverage for Long-Term Care

■ Institutional services

- Nursing facility services for individuals 21 or over
- Inpatient hospital and nursing facility services for individuals 65 or over in an institution for mental disease
- Intermediate care facility for individuals with mental retardation services
- Inpatient psychiatric hospital services for individuals under age 21

Note: Individuals age 21-64 receive services through other payment methods.

More Medicaid coverage for Long-Term Care

■ Home and Community Based Services

Case management services
Respiratory care services for ventilator-dependent individuals
Personal care services
Private duty nursing services
Hospice care
Waiver and Integrated Waiver programs

Medicaid program overview

- For a full description of the Medicaid program:

http://dhfs.wisconsin.gov/medicaid4/ma_overview/medicaid_overview.pdf

- For a consumer description of Medicaid benefits:

<http://dhfs.wisconsin.gov/medicaid1/recpubs/eligibility/10025E.pdf>

Wisconsin's Community Long-Term Care Programs

- The Community Options Program (COP) 1981
- The Medicaid home and community based waivers followed:
 - ⇒ CIP 1 A in 1983
 - ⇒ CIP II in 1985
 - ⇒ COP-W and CIP 1B in 1987
 - ⇒ Brain Injury Waiver program
- Integrated Programs
 - ⇒ Program for All Inclusive Care for the Elderly
 - ⇒ Partnership program
 - ⇒ Family Care

What is a Waiver?

- The “waiver” refers to a waiver of the federal Medicaid rules. These rules generally restrict the use of Medicaid funds to primary and acute care.
- Before the waivers came along, Medicaid funds for long-term care were primarily directed to institutional care such as nursing homes.
- The federal waivers allow Medicaid money to go where it could not go before... **to fund home and community-based long-term care**. However, recipients must still be at a nursing home level of care.

Where does the money come from?

- Funding for Wisconsin's long-term care programs comes from a combination of federal, state and local sources.
- State funds, also known as general purpose revenue or GPR, are budgeted as a “match” for federal dollars that together fund many of the programs.
- In some instances counties provide the “match” to access additional federal dollars using local county funds.

Non-financial requirements for publicly funded long-term care

■ General requirements

- A person must:
 - 1) Be in an eligible target group
 - Elderly, Blind, Disabled (EBD)
 - Physically Disabled
 - Developmentally Disabled
 - Persons with Mental Illness
 - Persons with alcohol and other substance use disorders
 - 2) Be functionally eligible

Functional Eligibility

- The long term care functional screen is used to collect information about:
 - Medical conditions
 - Activities of Daily Living (ADL)
 - Instrumental Activities of Daily Living (IADL)
 - Living situation
 - Supports
 - Behaviors
 - Risk factors

Functional eligibility

- Using the information entered by a certified screener the LTCFS system calculates a level of care.

- For more information about the functional screen system and how to become a certified screener:

<http://dhfs.wisconsin.gov/LTCare/FunctionalScreen/INDEX.HTM>

Non-Financial eligibility

In addition to the functional screen result these additional non-financial criteria are considered when determining eligibility for Medicaid:

- A Social Security Number (SSN) or willingness to apply for one
- Age
- Marital status
- Applicant's relationship to household members
- Residence (street address, city)
- Citizenship/immigration status
- Disability Status, if under age 65

Financial requirements for publicly funded long-term care – Elderly, Blind and Disabled (EBD)

- Asset test
- Income test

Asset Test – EBD limits

- Countable assets
- Available assets

Detailed information about assets is found in the online Medicaid eligibility handbook in Appendix 4:

<http://www.emhandbooks.wi.gov/meh/>

Asset Limits

- Single person - \$2000
- Spousal Impoverishment
 - Consumer in a nursing home or applying for a waiver program (nursing home level of care) with a spouse who resides in the community
 - \$2000 for the consumer and potentially up to \$99,540 for the community spouse

<http://dhfs.wisconsin.gov/medicaid1/recpubs/factsheets/pdfs/phc10063.pdf>

Income Limits

- Institutional Care
 - Need greater than income
 - Daily nursing home rate of care compared to gross income
- Community Waivers programs
 - Group A
 - Group B
 - Group C

Group A Waiver eligibility

- A Medicaid recipient
 - Medicaid as an SSI recipient
 - Categorically eligible
 - Medicaid deductibles
 - Medicaid Purchase Plan for Working Disabled persons
 - Family Medicaid programs such as BadgerCare

Group B Waiver eligibility

- Nursing home level of care entitles individuals to the Group B test:
 - Up to \$1809 per month
 - Must agree to pay a cost share in order to be eligible, if applicable

Calculation of Group B Cost Share

- Total income
- Less Deductions
 - Basic Needs Allowance
 - 65 ½ earned income disregard
 - Special exempt income – court ordered support or guardian fees
 - Community spouse income allocation, if applicable
 - Special Housing amount
 - Family or community dependent income allowance, if applicable
 - Health insurance premiums
 - Medical and Remedial expenses

Documentation of Medical and Remedial Expenses

- Items and services purchased “out of pocket” by consumers that are not covered (or will not be covered) by Medicaid, waivers programs or other responsible third party.

- For more information about cost sharing see program references or the Medicaid Handbook appendix 5.9.5

<http://www.emhandbooks.wi.gov/meh/>

Group C Waiver eligibility

- Monthly income \$1809 and above
- Documentation of medical remedial expenses, service costs and Medicaid coverable services to document need
- Test – If income less allowable expenses is below \$591.67

Webcast – Understanding Group C Eligibility

<http://dhfs.wisconsin.gov/aging/WebcastAnnounce-GroupC.htm>

References for detailed information

- Waiver Eligibility Reference Manual
- Working Together to Provide Access to Family Care training guide

Training references available upon request:

rcteam@dhfs.state.wi.us

Screen for eligibility

- Use an online tool to assist with counseling:



<https://access.wisconsin.gov/access/>

Medicaid Eligibility Fact Sheets

Many single page fact sheets are available (some in other languages) to support information & assistance and options counseling

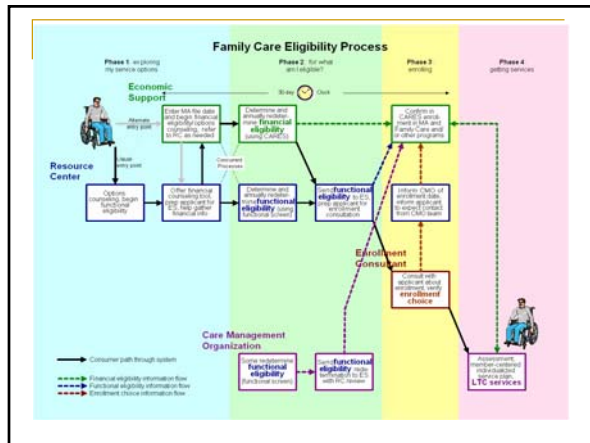
http://dhfs.wisconsin.gov/medicaid1/publications.htm#Fact_Sheets

Work with other professionals

- Elderly Benefit Specialists
- Disability Benefit Specialists
- Economic Support Specialists

ADRC responsibility for Access Plans

- MOUs document agreements between professionals at each entity involved in access to publicly funded long-term care
- Documents the process for communication and coordination
- Creates a streamlined and predictable process for the consumer



Summary

- Overview of Part II of this information session
 - Community Waivers Programs
 - Integrated Waivers Programs – Family Care, PACE and Partnership
- Information about other eligibility components in the Long Term Care Options Counseling Toolkit